

**Nebraska Public Employee's Retirement Systems**

1221 N Street, Suite 325

402-471-2053

P.O. Box 94816

800-245-5712

Lincoln, NE 68509

Fax: 402-471-9493

**FOR NPERS
USE ONLY**

Last First Middle			Plan Type (Check one)
Name			<input type="checkbox"/> State
Social Security Number - -			<input type="checkbox"/> County
Address			
City, State, Zip			
Home Phone		Work Phone	
Date of Birth		Employer	
State/County Non-Contributing Member Form			

**FOR NPERS
USE ONLY**

Office Use Only

This form serves as official notification that a member has ceased employment. According to §23-2301 (County) and § 84-1301 (State), this form must be received by NPERS within two weeks from the date the employer-employee relationship has been dissolved. This form is also used if there is any other interruption of a member's retirement contributions, such as seasonal employment or a leave of absence.

Ceased Employment

Termination Date _____

Date of Final Pay _____ Gross Final Pay \$ _____

Emergency Warrant Issued? ☐ Yes ☐ No

Reason for Termination

☐ Resigned ☐ Deceased ☐ Disability ☐ Retired☐ Other (explain) _____Will this employee be working for another Nebraska governmental entity that participates in the same retirement plan? ☐ Yes ☐ No ☐ Unknown

If yes, specify _____

Leave or Intermittent Status

Last Pay Date: _____

Reason for Change in Status

☐ Military Leave ☐ Disability ☐ Family Medical ☐ Seasonal/Intermittent ☐ Suspension☐ Other (explain) _____

Anticipated Date of Return (if known) _____

This certifies that the above information is correct to the best of my knowledge.

Agency/County Signature _____ Date _____

Typed or printed name of Agency Contact _____ Title _____

Telephone Number _____